

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598511

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22		21				
23		22				
24		23				
25		24				
26		25				
27		26				
28		27				
29		28				
30	1					
31		1				
32		2				
33		3				
34		4				
35		5				
36		6				
37		7				
38		8				
39		9				
40		10				
41		11				
42		12				
43		13				
44		14				
45		15				
46		16				
47		17				
48		18				
49		19				
50		20				
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	51	←	48	←		←
TOTAL CLAIMS	53		50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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76						
77						
78						
79						
80						
81						
82						
83			1			
84				1		
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						